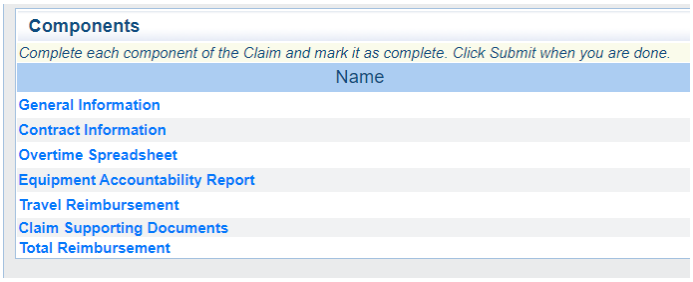
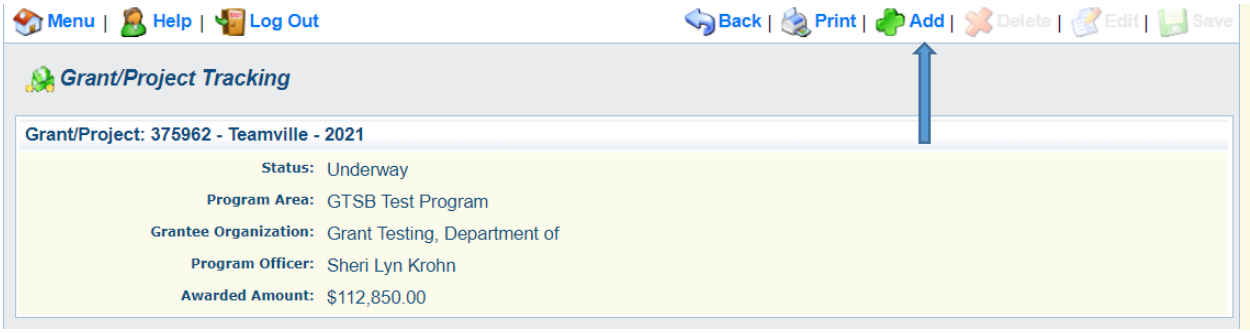
How to submit a **REIMBURSEMENT CLAIM** in Iowa Grants

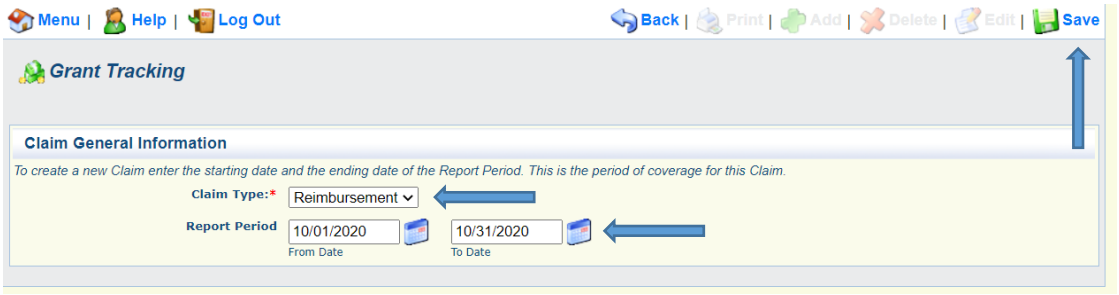
You will be required to complete ALL sections of this online form even if your reimbursement claim is ONLY for equipment or ONLY for overtime, etc.



- Go to www.iowagrants.gov and log in
- Click on **My Grants** and then select grant for current fiscal year
- Click on **Claims**
- Click on **Add** at the top of the page

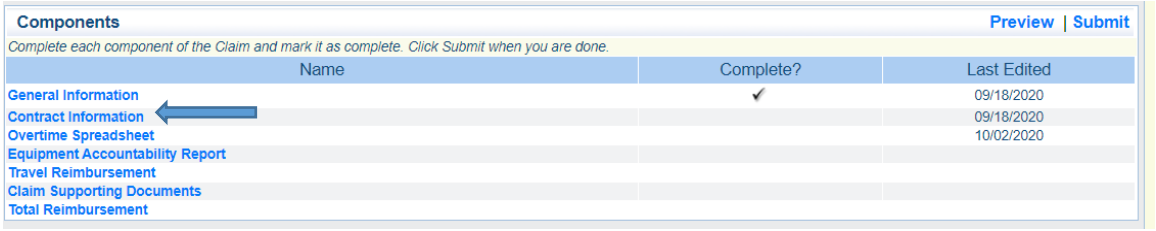


- Select **Reimbursement** from the Claim Type drop down menu
- Click on the calendar icon to enter your **Report Period** start and end dates
- Click **Save** in upper right corner

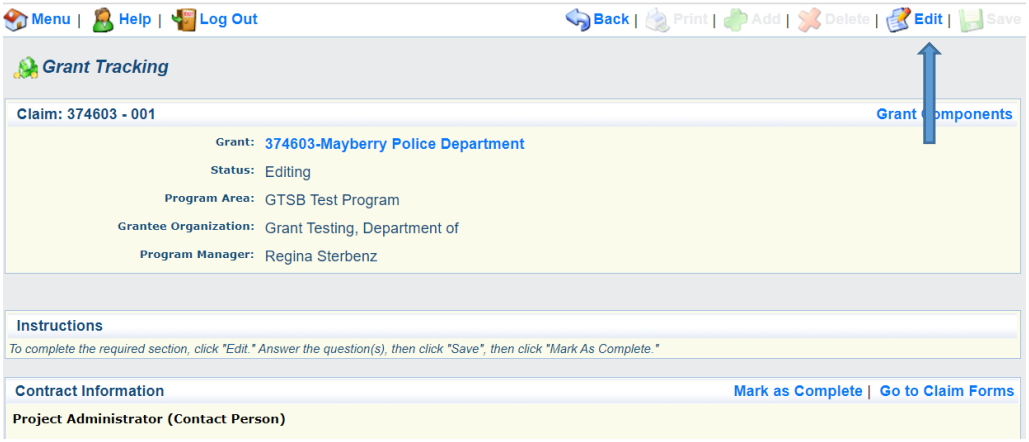


- Click **Return to Components**

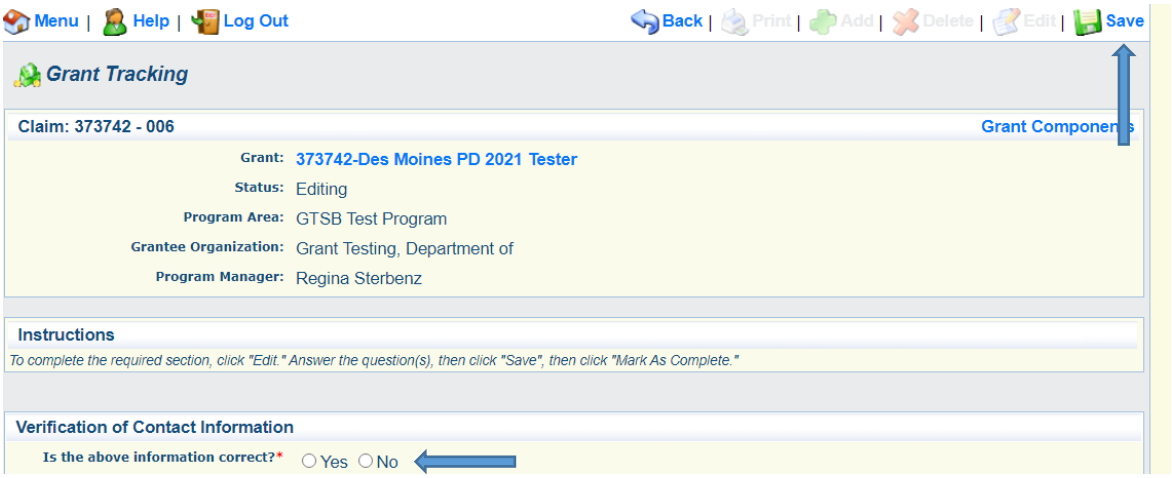
- Click on **Contract Information** in the Components section



- Verify that the information listed is current and click **Edit** in the upper right hand corner

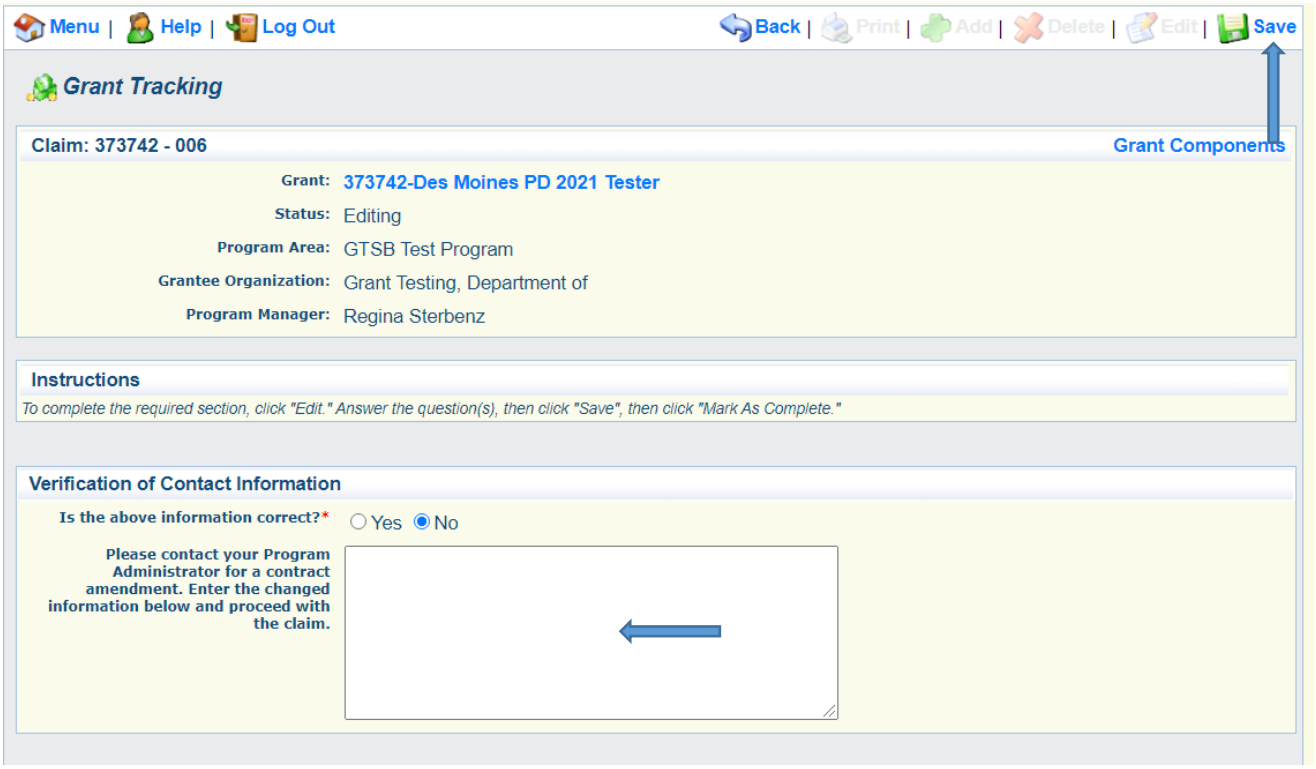


- Answer the **Verification of Contact Information** question and click on **Save** in upper right if everything is correct and you answered the question Yes.

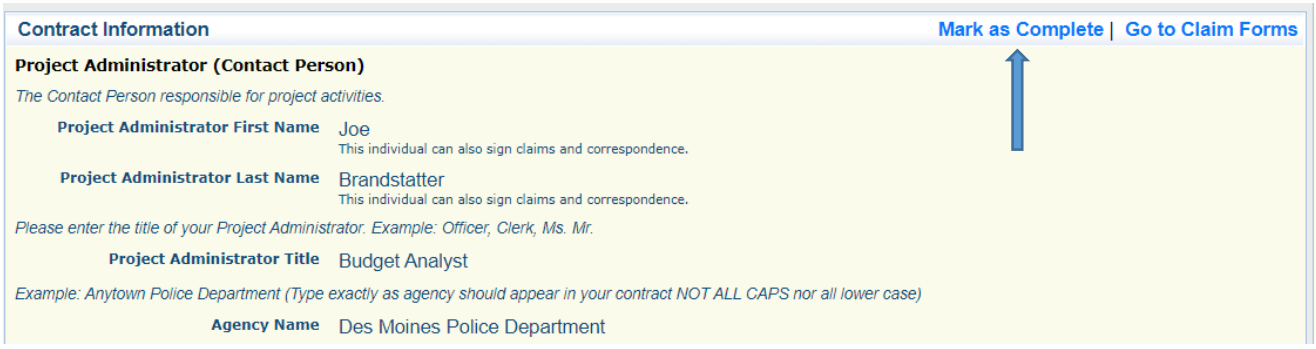


- If something is incorrect and you answer the verification question No, a text box will appear for you to enter in the correct information, along with a note that you need to contact your Program Administrator about the changes.

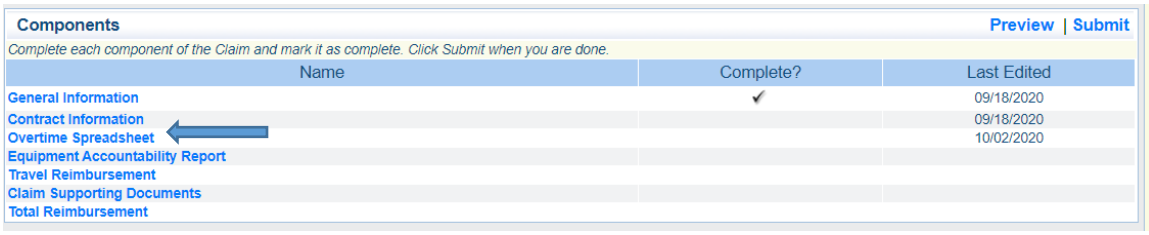
- Enter your changes and then click on **Save** in the upper right hand corner and proceed with the rest of the claim



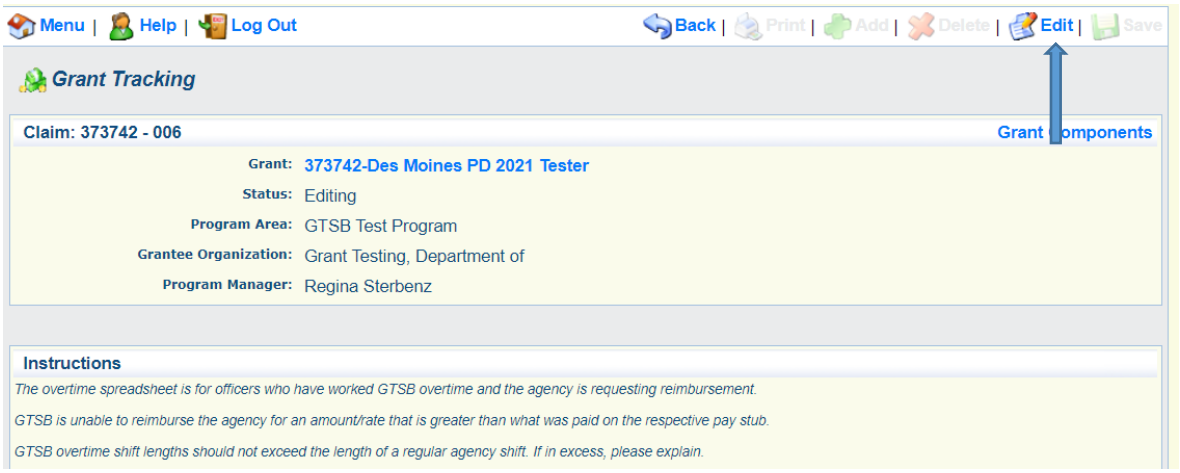
- Click **Mark as Complete** on the next page



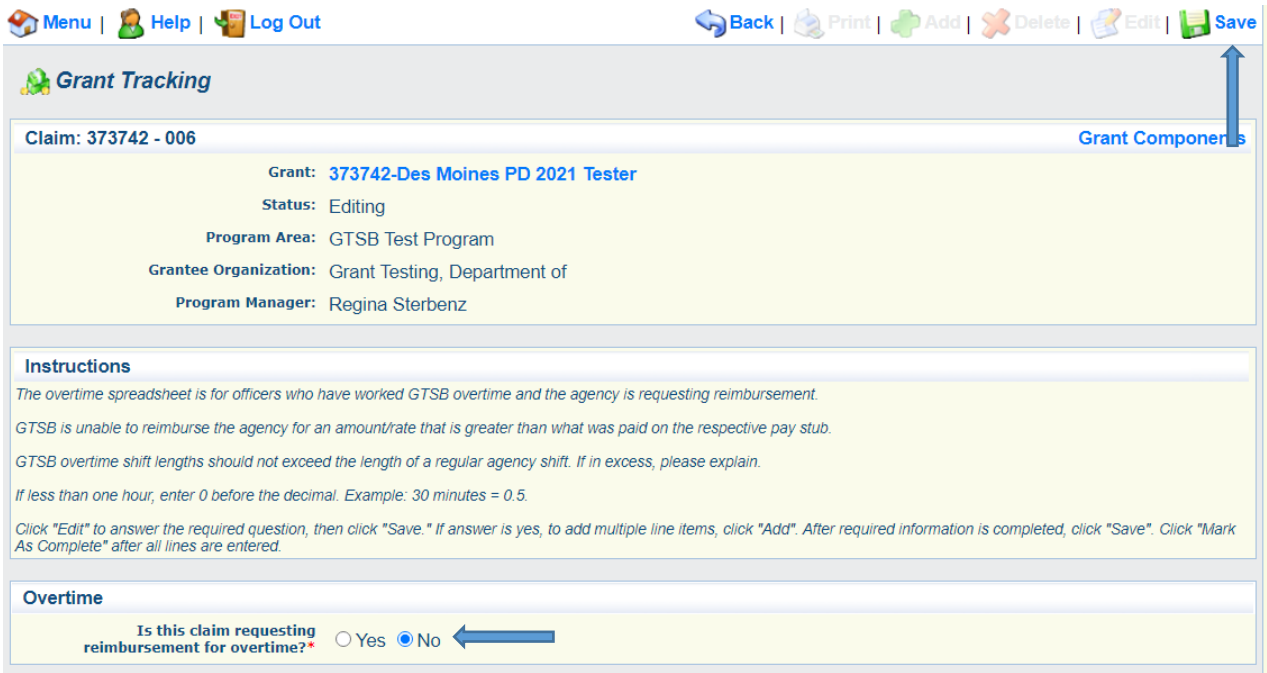
- Click on **Overtime Spreadsheet** in the Components section



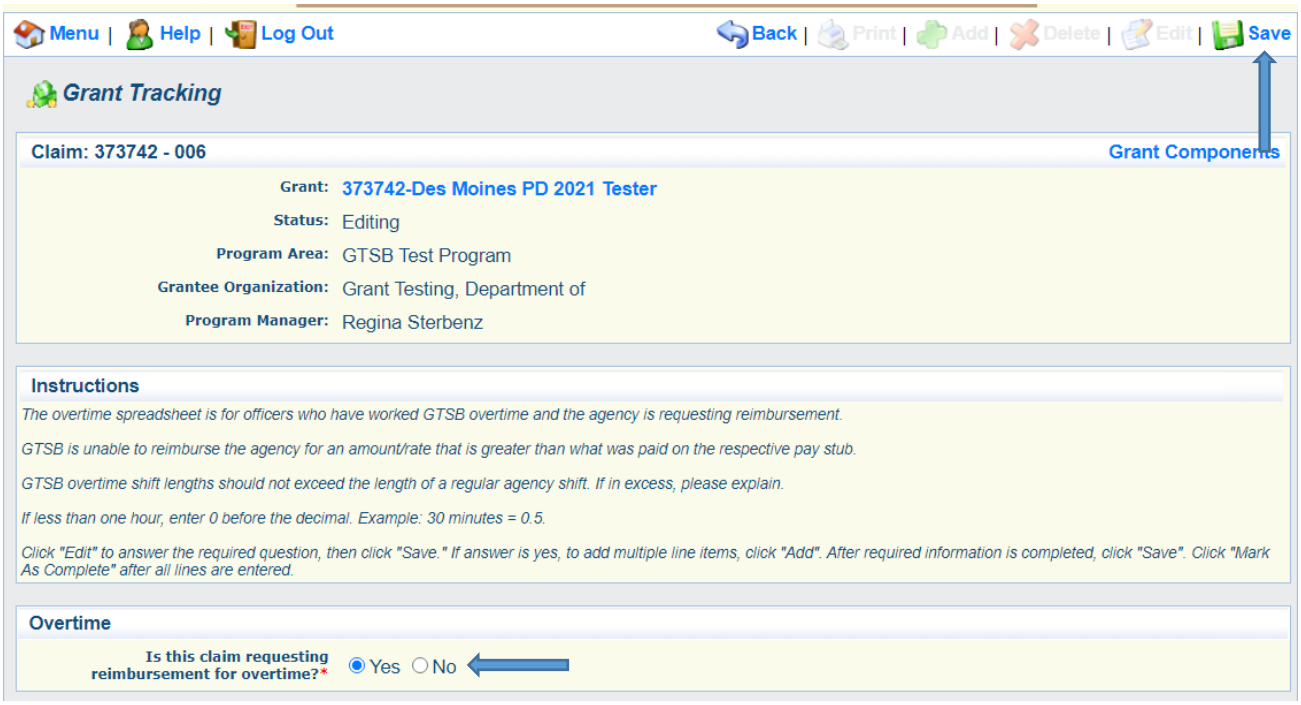
- Read the **Instructions** box, then click **Edit** to answer the Overtime question yes or no



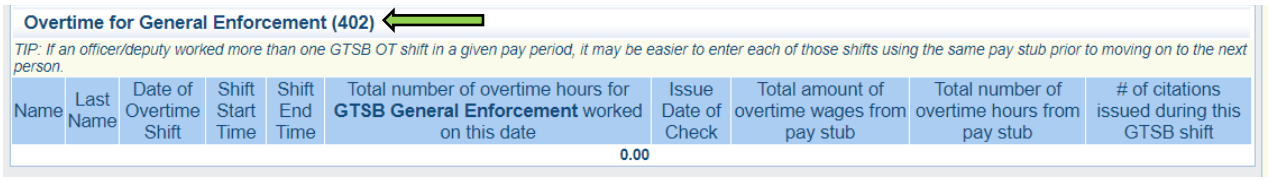
If answer is **NO**, click **Save** in upper right corner and then click **Mark as Complete**. Then click on **Equipment Accountability Report** in the table and skip to Equipment Accountability Report Instructions below



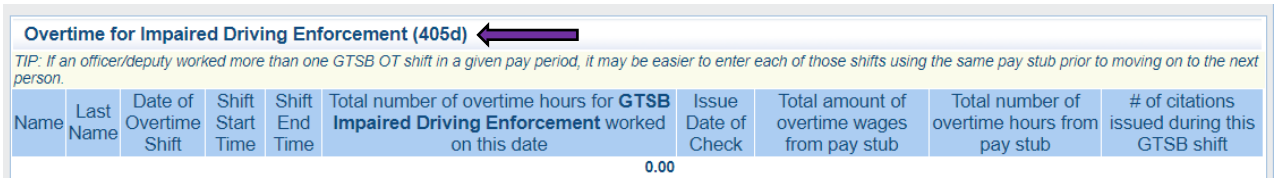
If answer is **YES**, click **Save** in upper right corner.



- If you are a **402** contract, you will enter <u>all</u> OT into the **Overtime for General Enforcement** box.

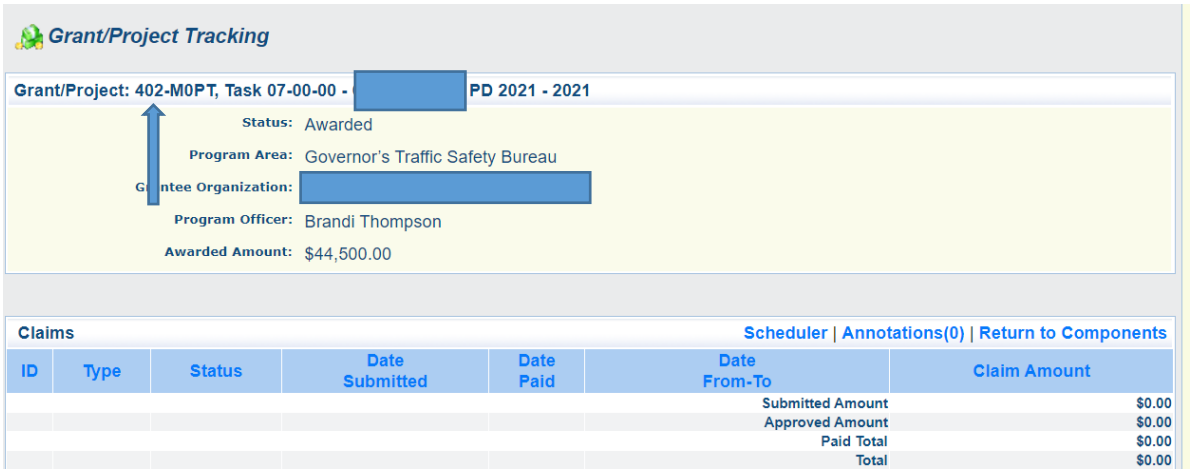


- If you are a **405d** contract, you will enter <u>all</u> of your OT in the **Overtime for Impaired Driving Enforcement** box.

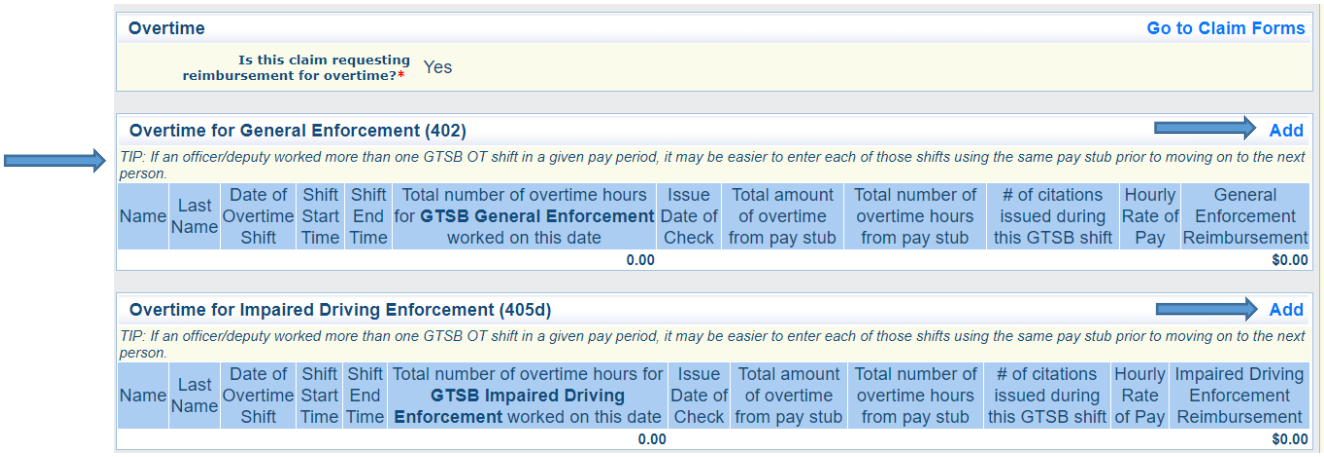


- If you have a split contract, your Program Administrator will provide you with this information, and you may be entering shifts into <u>both</u> the 402 and the 405d Overtime boxes.

- You can locate your contract type in the gray shaded bar at the top of the screen:



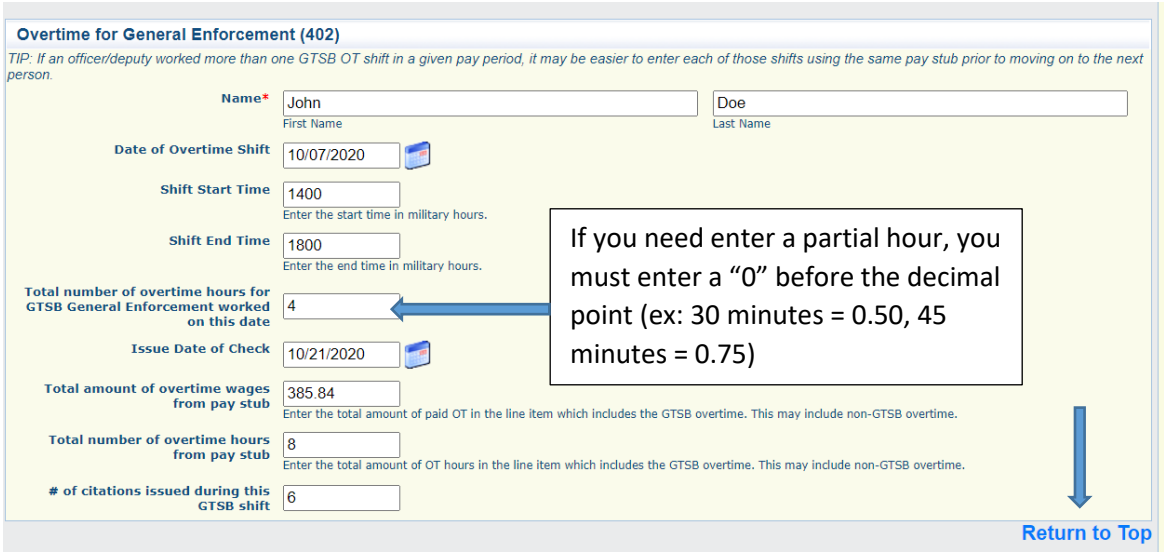
- Once you know your contract type and which Overtime box you will be entering shifts into, click **Add** in the upper right corner of correct OT type box.



- Make sure to read the **TIP**. Complete the fields listed. All of the questions should look familiar until you get to the question "Total amount of overtime wages from pay stub".

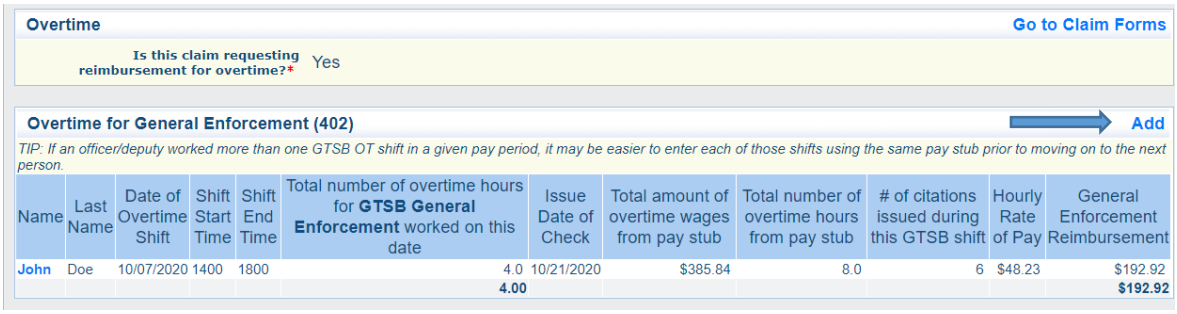
  Some agency pay stubs have all of their overtime grouped together, no matter if it was OT for the agency, GTSB, etc. If this is your agency situation, make sure to enter the total number of hours off the paystub you are working from. EX: That number is 15.5 but, but you know John Doe only worked 8 hours of GTSB OT, not 15.5. It does not matter – enter 15.5 into the box.

  Other agencies have GTSB OT split out on their pay stubs and separated from any other OT type. If this is your agency situation, make sure to enter the total number of hours off the paystub you are working from.



In the example above, John Does' agency groups all overtime pay into one line item. You can see above that his GTSB OT shift was only four hours long, however, in the field for Total number of overtime hours from pay stub, he worked a TOTAL of 8 overtime hours in the pay period, only four of which were GTSB time. By entering the information in this fashion, you are no longer responsible for calculating the overtime rate of pay, rounding, etc. – the form will do it for you.

When you are finished with your first entry, click **Return to Top** and then click **Save** in the upper right corner. John Doe's shift that was just entered should now appear in the electronic OT spreadsheet (see below).



To input additional OT shifts, click on **Add** in the corresponding OT type box and repeat the steps above, making sure to click **Save** after each shift entry. Complete this process for each OT category (402 and/or 405d) in which shifts were worked. If there were not any shifts worked in a particular category, you do not need to do anything (ex – do NOT click add and then enter zeros).

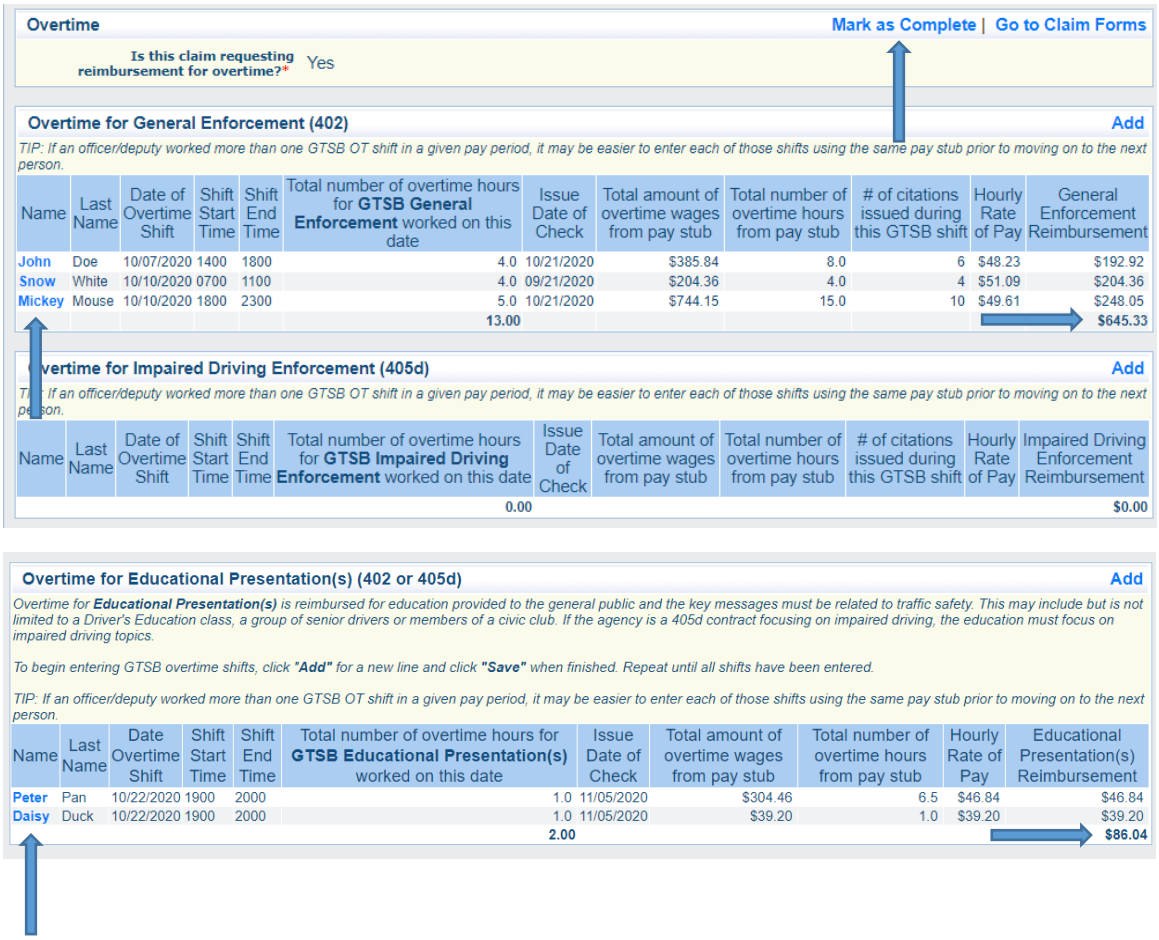
When you are finished entering in all overtime shifts for all categories, make sure to:

1. Write down your reimbursement totals for each section in which you entered OT shifts, you will need these later when completing your Total Reimbursement section of your claim.

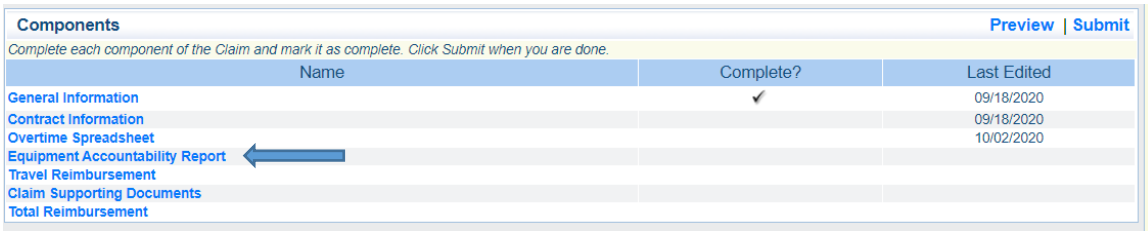
2. If you need to edit any of your saved entries, simply click on the **blue** portion of the officer/deputy name and their shift entry will pop up in a separate window in order for you to make changes. After you have made changes, make sure to click **Return to Top** and then click **Save**.

3. When you are all finished entering shifts, click **Mark as Complete**

4. Set your paystubs aside. You will upload them later in the process.



- Click on **Equipment Accountability Report** in the Components section

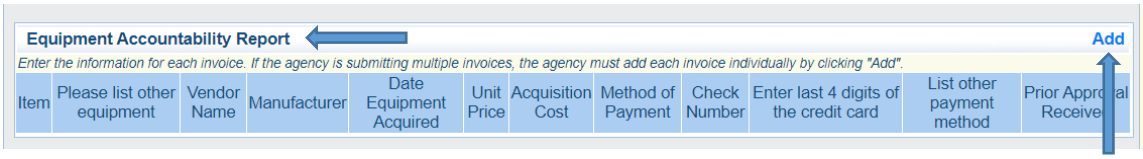


- Read the **Instructions** box, then click **Edit** to answer the equipment question yes or no

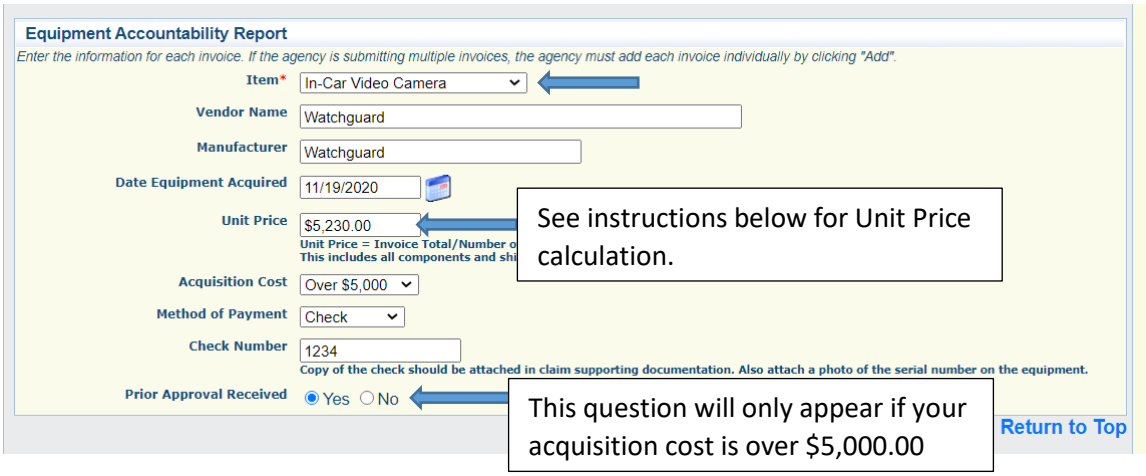
  If answer is **NO**, click **Save** in upper right corner and then click **Mark as Complete**. Then click on **Travel Reimbursement** in the table and skip to Travel Reimbursement Instructions below

  If answer is **YES**, click **Save** in the upper right corner.

  In the Equipment Accountability Report box, click **Add** to enter your equipment information



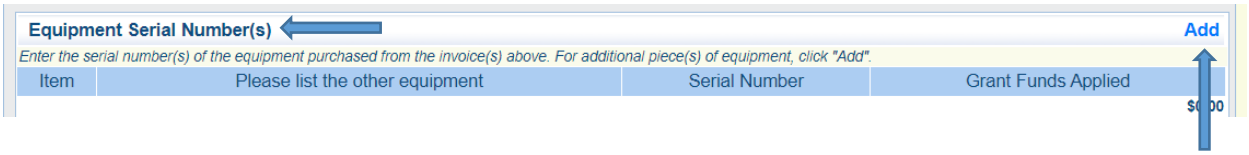
Select your equipment item from the drop down menu and continue to complete each of the remaining fields.



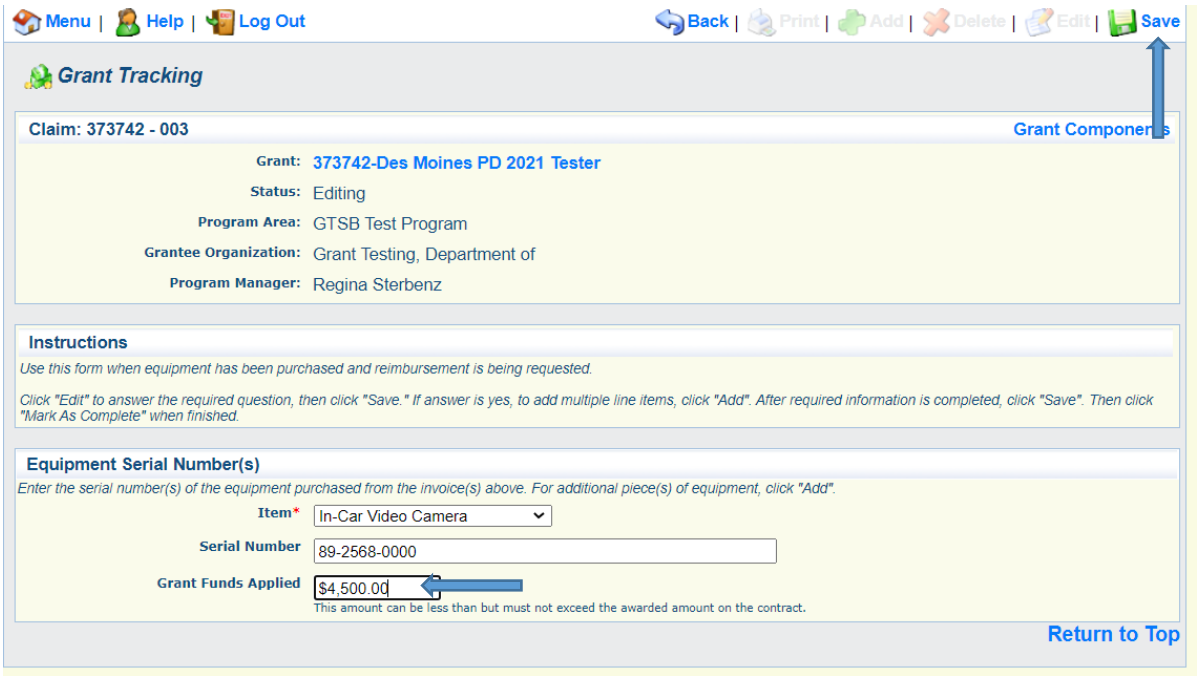
Unit Price = When calculating this number, divide your TOTAL invoice cost by the number of pieces of equipment that you ordered (this includes shipping and any additional components to the main unit if applicable). For example, if your invoice total is $5,230.00 for 1 camera, $5,230.00 divided by 1 = $5,230.00 – this is what gets entered into the unit price field.

Once you've answered all of the questions, click **Save** in the upper right hand corner.

Next, click on **Add** in the upper right hand corner of the Equipment Serial Number(s) box



Select your equipment items from the drop down menu and continue to complete each of the remaining fields



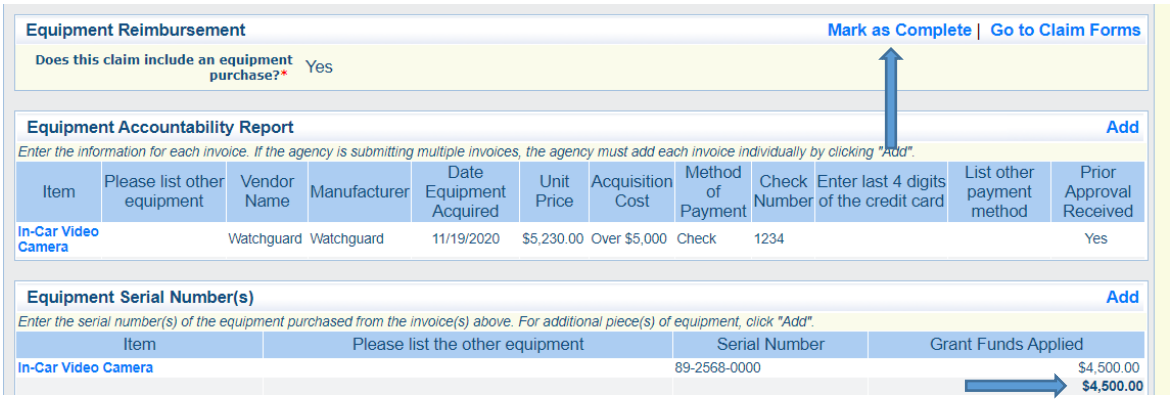
Grant Funds Applied = When entering this number, note that the grant funds applied cannot exceed the amount you were awarded in your contract. In the screen shot above, the camera's unit price was $5,230.00. HOWEVER, I cannot enter that same amount into my grant funds applied, because I was only awarded $4,500.00 towards the purchase of my camera.

At the other end of the spectrum, let's consider a purchase of PBTs. Pretend my calculated unit price was $385.00 per PBT. I was awarded $450.00 PER PBT. When I complete the Grant Funds Applied box for my PBT's I will ONLY enter $385.00, NOT $450.00.

When you are finished, click **Save**. If you have additional equipment on a separate invoice that you are claiming, repeat the steps above starting with clicking **Add** in the Equipment Accountability Report box above.

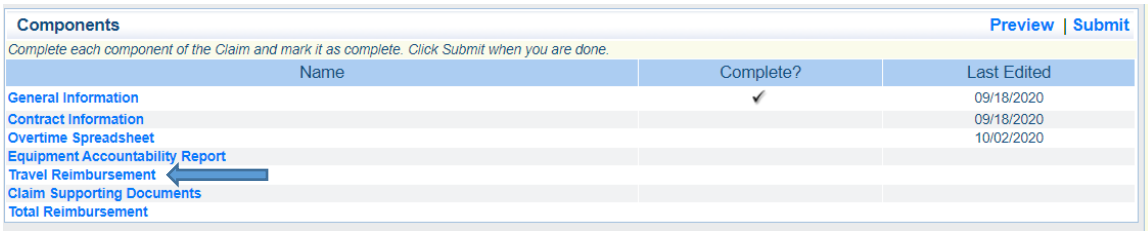
- When you are finished entering all pieces of equipment, write down your equipment reimbursement total.

- Click **Mark as Complete**

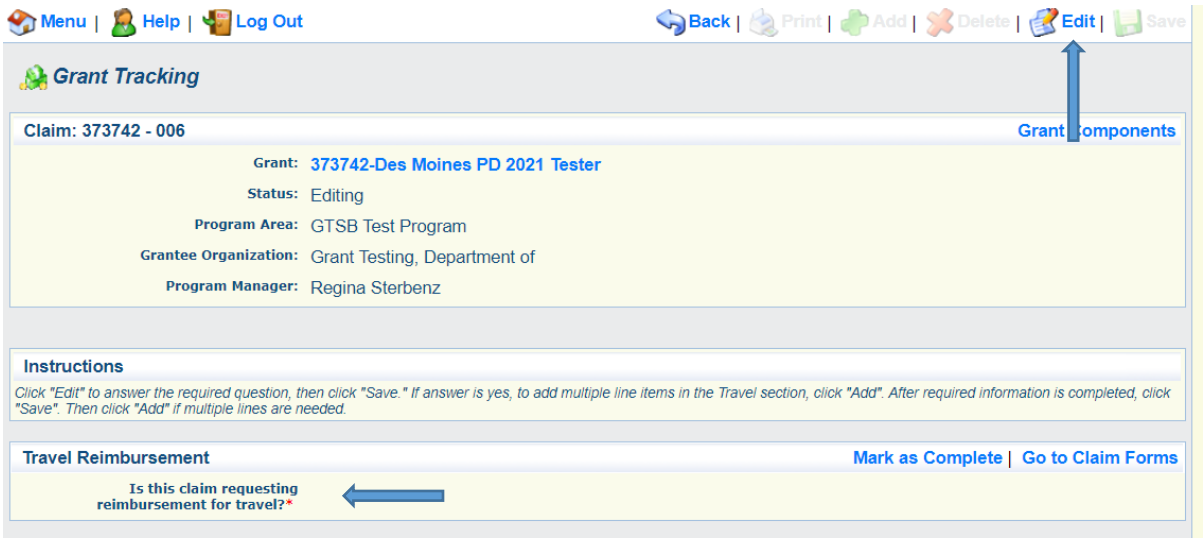


- Set your required documentation aside (invoice, proof of payment and pictures of equipment with serial numbers). You will upload them later in the process.

- Click on **Travel Reimbursement** in the Components section

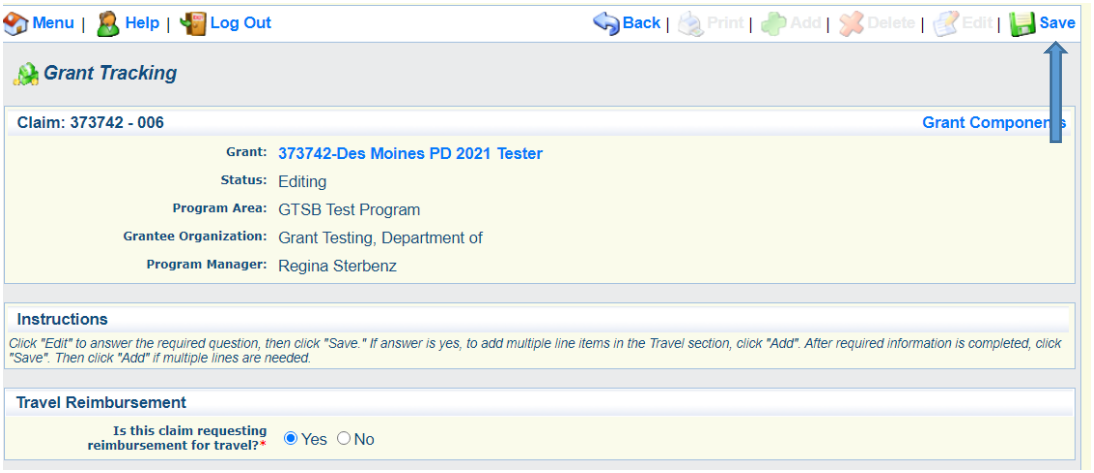


- Read the **Instructions** box, then click **Edit** to answer the travel reimbursement question yes or no

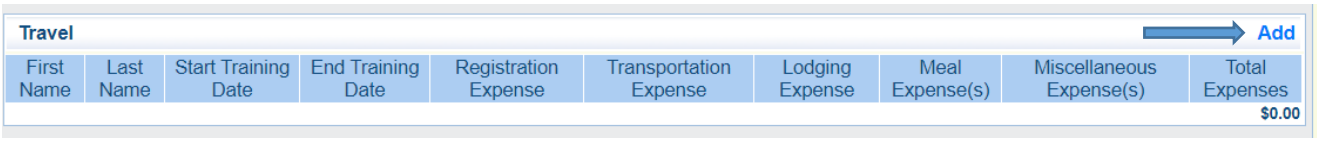


- If answer is **NO**, click **Save** in upper right corner and then click **Mark as Complete**. Then click on **Claim Supporting Documents** in the table and skip to Claim Supporting Documents instructions below.

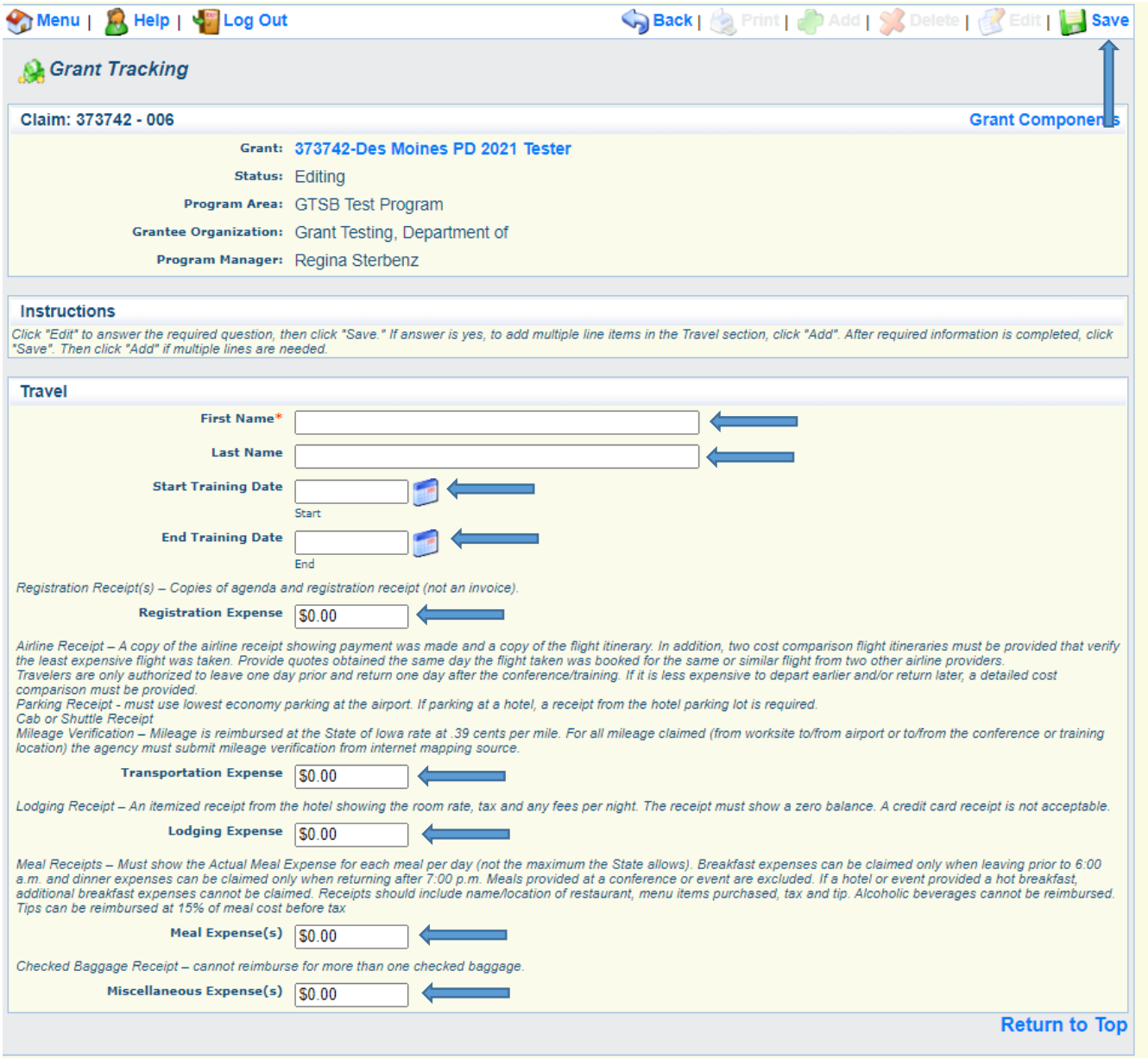
- If answer is **YES**, click **Save** in the upper right corner



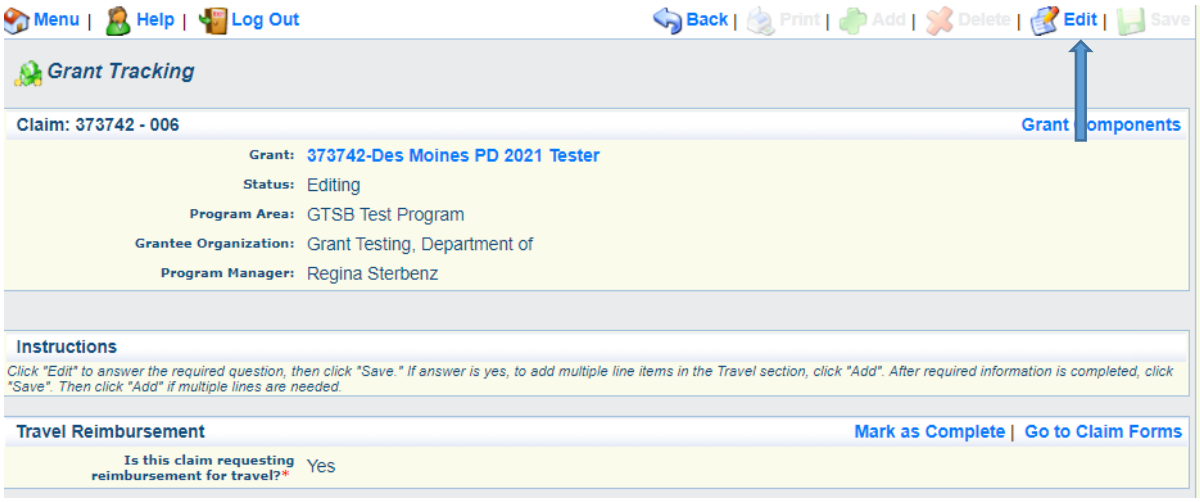
- Click **Add**



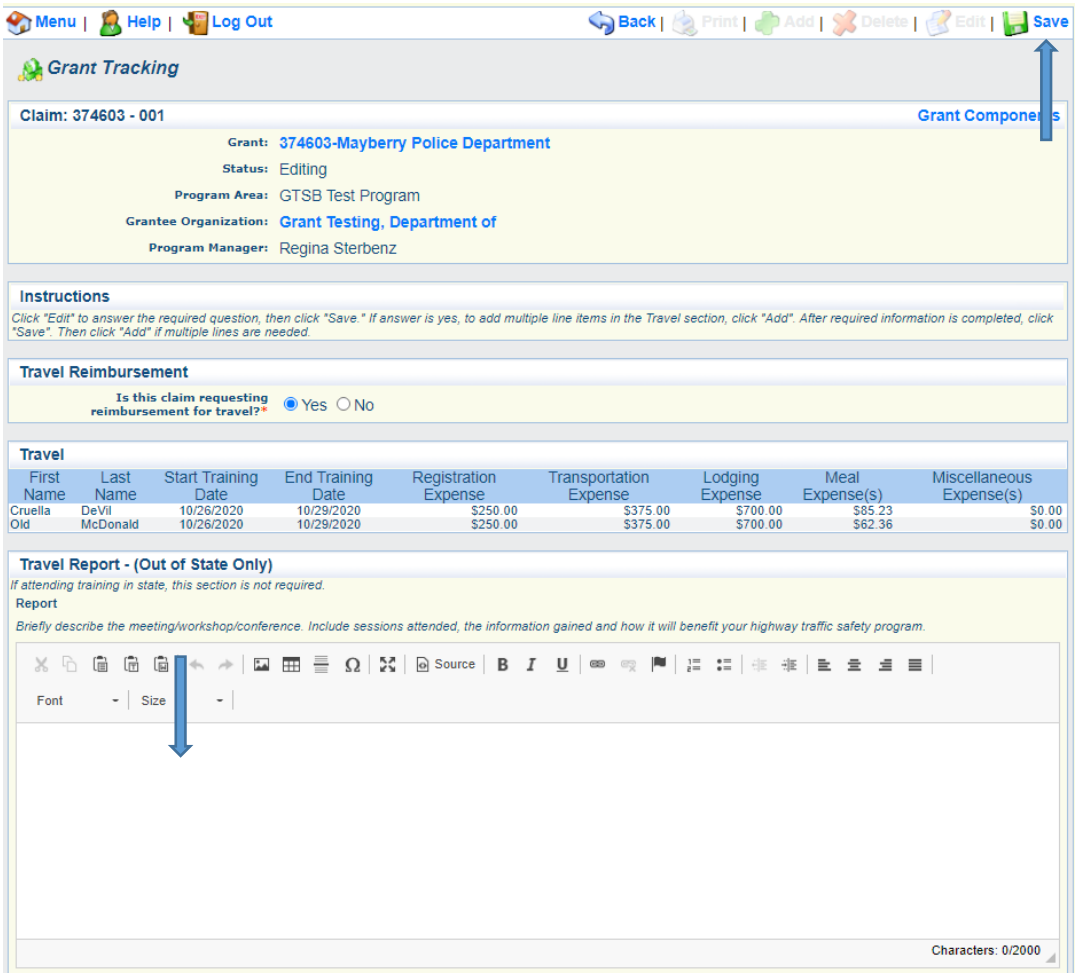
- Enter the name traveler, dates of training and all travel expenses requested, then click **Save**. Repeat steps in order to get all travelers entered.



- If the travel was OUT of state, you will also need to submit a Travel Report, by clicking on **Edit** in the upper right. This will open up a text box for you to type your report in.



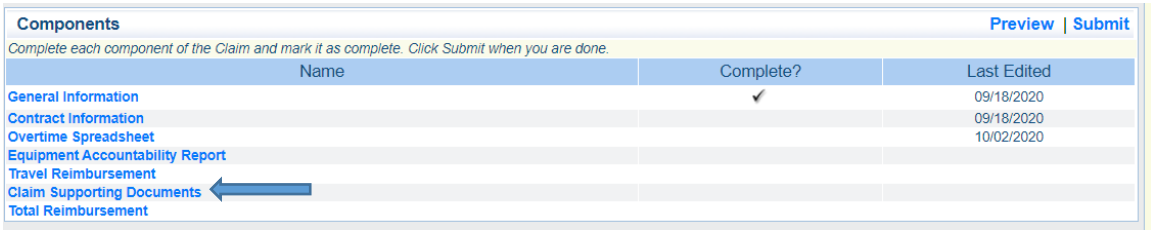
- When you are finished typing your report, click **Save,** write down your travel reimbursement total and then click **Mark As Complete**.



If the travel was IN state, you do NOT need to submit a travel report. Write down your travel reimbursement total and click on **Mark As Complete** once you've entered all travelers and their expenses.

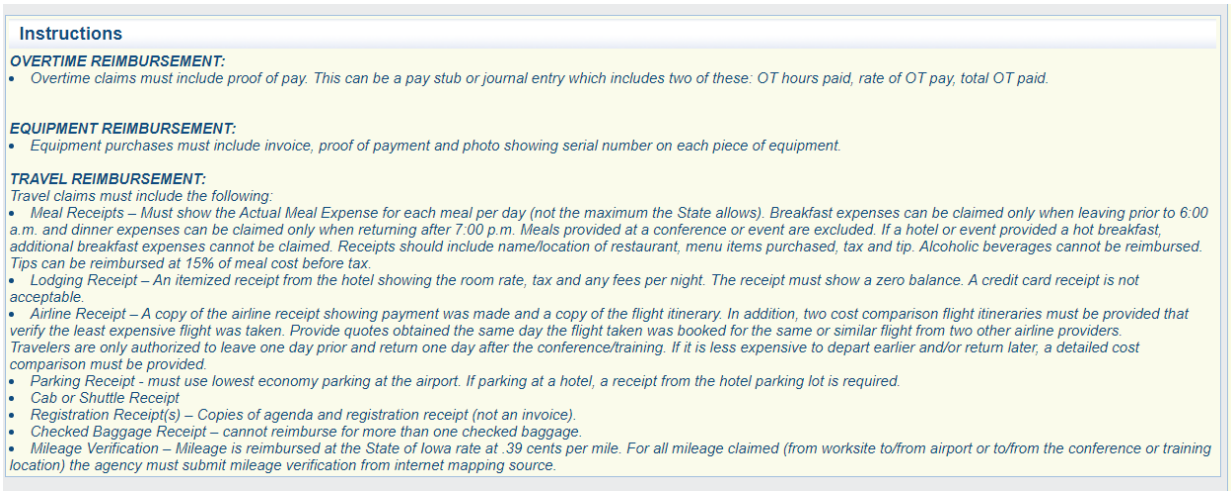
Set your required documentation aside (registration receipt, meal receipts, lodging receipt, etc.). You will upload them later in the process.

- Click on **Claim Supporting Documents** in the Components section

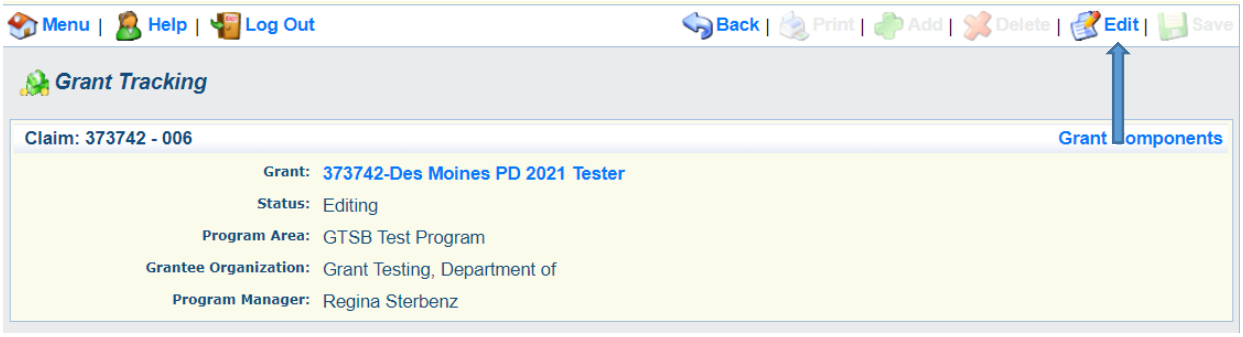


- Reference the Instructions box to make sure you provide the required documentation for all categories in which you are claiming reimbursement for: Overtime, Equipment and Travel.

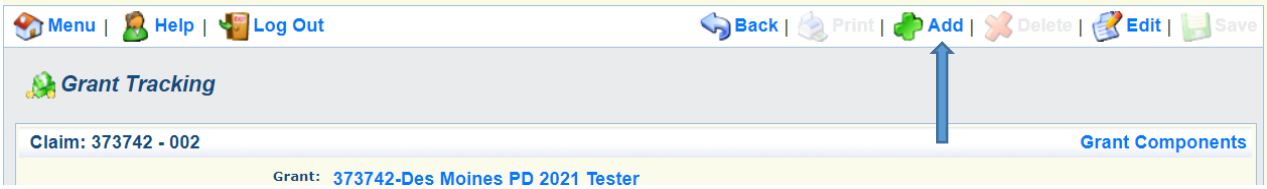
- Scan ALL of your supporting documentation and save it as ONE file.



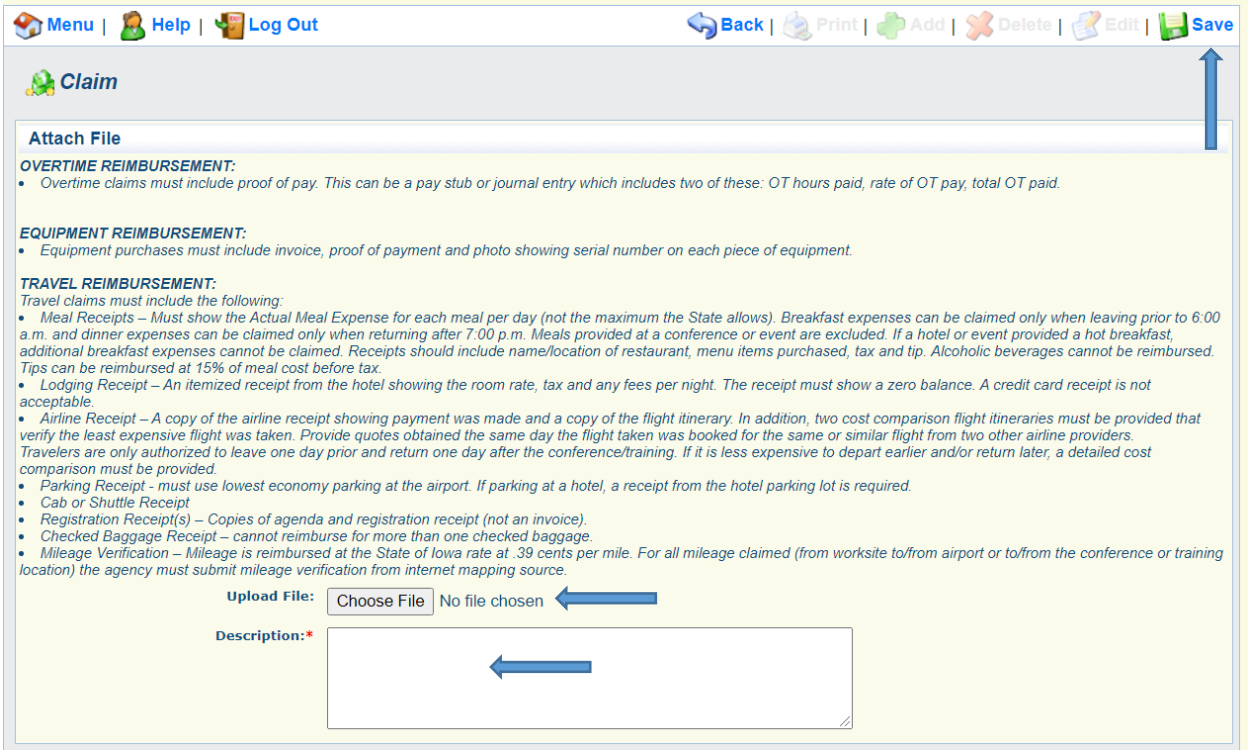
- Click **Edit** at the top of the page



- Click **Add** at the top of the page



- Now a button named “Choose File” should appear at the bottom of the page



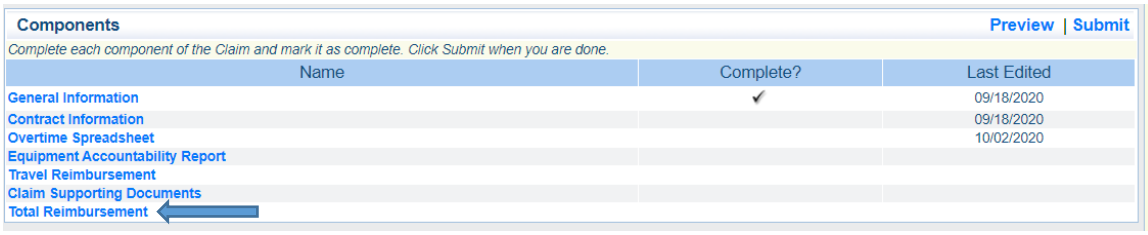
- Click on **Choose File**, locate your scanned file of all of your documentation and double click on it. Your file should now appear next to the Choose File button.

- In the **Description Text Box**, type “(Insert Claim Month) Claim Documentation”

- Click **Save** in the upper right hand corner at the top of the page.

- Click **Mark as Complete**

- Click on **Total Reimbursement** in the Components section

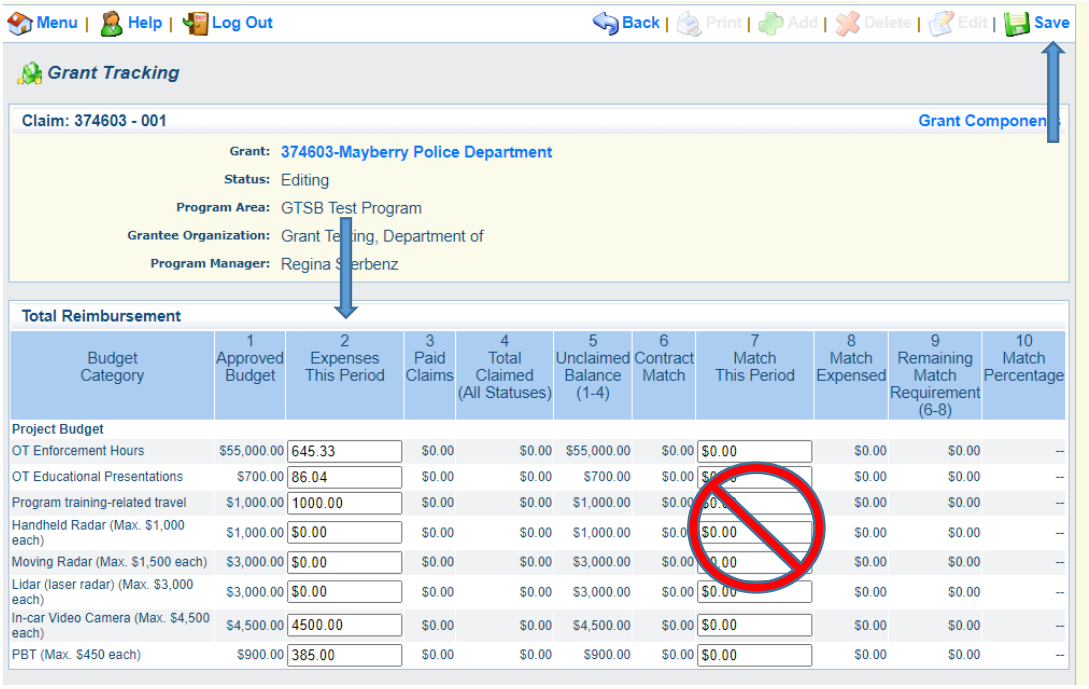


- This is where you will reference your category totals that you wrote down as you worked through your claim. Enter each total into its respective box in column 2 titled **Expenses This Period**. Do NOT enter any of your totals into column 7 titled Match this Period.

THE TOTAL YOU ENTER INTO COLUMN 2 FOR A GIVEN CATEGORY CANNOT EXCEED THE AMOUNT YOU WERE AWARDED (SEE COLUMN 1 – APPROVED BUDGET). LIKEWISE, IF THE TOTAL IS LESS THAN THE AMOUNT YOU WERE AWARDED, THE MAXIMUM REIMBURSEMENT AMOUNT IS THE TOTAL ALLOWABLE AMOUNT PAID BY THE AGENCY FOR THAT LINE ITEM.

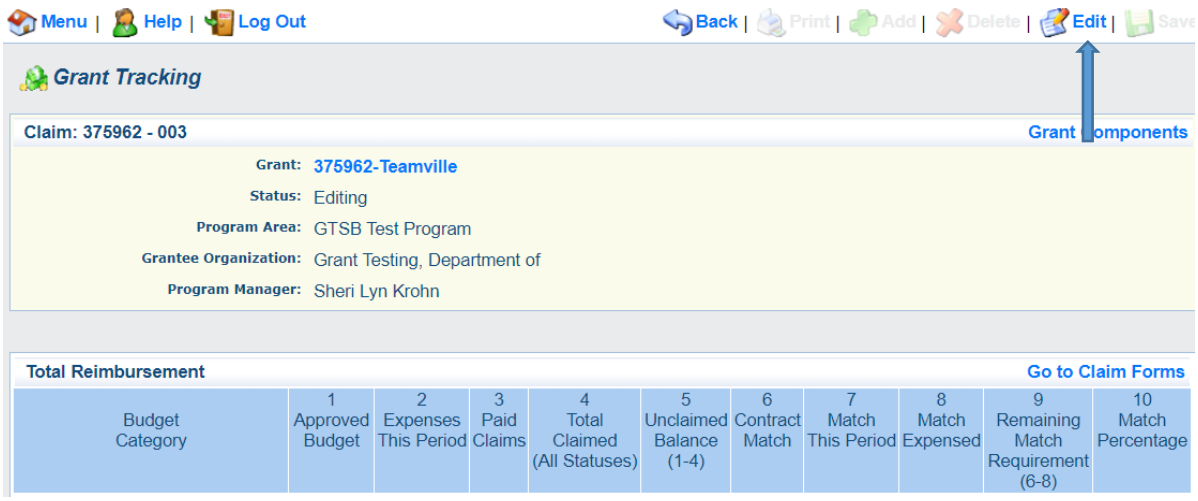
For example, the camera purchased in the equipment section of these instructions actually cost $5,230.00. However, when the total reimbursement section for the camera was entered into column 2, only $4,500.00 is entered because that is the maximum amount in which the agency was awarded for the camera (see column 1).

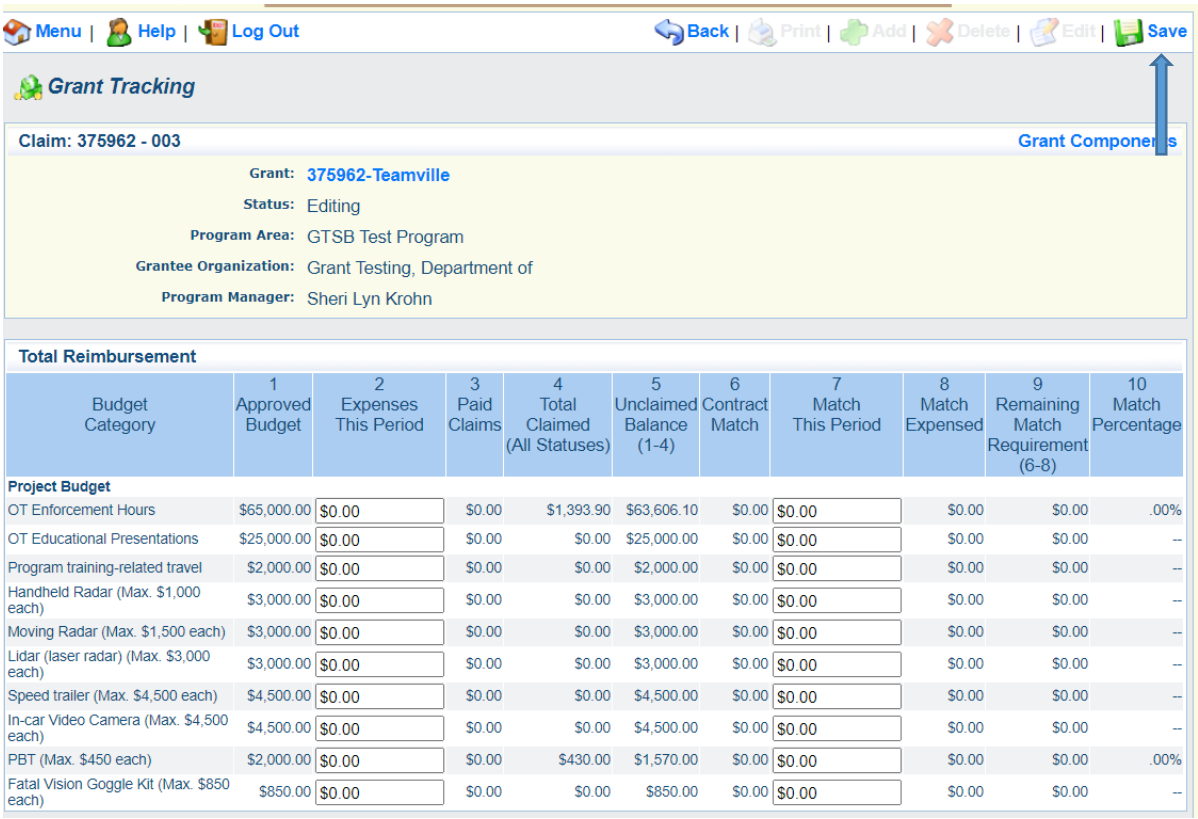
This same concept applies to all line items in your budget.



- Click on **Save** when you are finished entering all of your reimbursement totals.

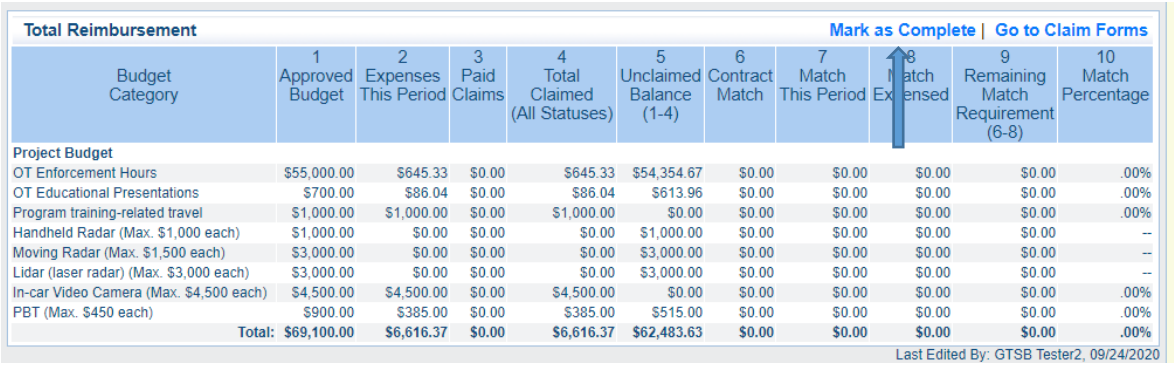
- The next screen displays your claim total (bottom of column 2). If you need to change a total that you entered, click on **Edit** in the upper right hand corner, make your change(s) and then click on **Save** in the upper right hand corner.





Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Total Claimed (All Statuses)	5 Unclaimed Balance (1-4)	6 Contract Match	7 Match This Period	8 Match Expensed	9 Remaining Match Requirement (6-8)	10 Match Percentage
Project Budget										
OT Enforcement Hours	$65,000.00	$0.00	$0.00	$1,393.90	$63,606.10	$0.00	$0.00	$0.00	$0.00	.00%
OT Educational Presentations	$25,000.00	$0.00	$0.00	$0.00	$25,000.00	$0.00	$0.00	$0.00	$0.00	--
Program training-related travel	$2,000.00	$0.00	$0.00	$0.00	$2,000.00	$0.00	$0.00	$0.00	$0.00	--
Handheld Radar (Max. $1,000 each)	$3,000.00	$0.00	$0.00	$0.00	$3,000.00	$0.00	$0.00	$0.00	$0.00	--
Moving Radar (Max. $1,500 each)	$3,000.00	$0.00	$0.00	$0.00	$3,000.00	$0.00	$0.00	$0.00	$0.00	--
Lidar (laser radar) (Max. $3,000 each)	$3,000.00	$0.00	$0.00	$0.00	$3,000.00	$0.00	$0.00	$0.00	$0.00	--
Speed trailer (Max. $4,500 each)	$4,500.00	$0.00	$0.00	$0.00	$4,500.00	$0.00	$0.00	$0.00	$0.00	--
In-car Video Camera (Max. $4,500 each)	$4,500.00	$0.00	$0.00	$0.00	$4,500.00	$0.00	$0.00	$0.00	$0.00	--
PBT (Max. $450 each)	$2,000.00	$0.00	$0.00	$430.00	$1,570.00	$0.00	$0.00	$0.00	$0.00	.00%
Fatal Vision Goggle Kit (Max. $850 each)	$850.00	$0.00	$0.00	$0.00	$850.00	$0.00	$0.00	$0.00	$0.00	--

- When it all looks good, click on **Mark as Complete**.



Total Reimbursement — Mark as Complete | Go to Claim Forms

Budget Category	1 Approved Budget	2 Expenses This Period	3 Paid Claims	4 Total Claimed (All Statuses)	5 Unclaimed Balance (1-4)	6 Contract Match	7 Match This Period	8 Match Expensed	9 Remaining Match Requirement (6-8)	10 Match Percentage
Project Budget										
OT Enforcement Hours	$55,000.00	$645.33	$0.00	$645.33	$54,354.67	$0.00	$0.00	$0.00	$0.00	.00%
OT Educational Presentations	$700.00	$86.04	$0.00	$86.04	$613.96	$0.00	$0.00	$0.00	$0.00	.00%
Program training-related travel	$1,000.00	$1,000.00	$0.00	$1,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	.00%
Handheld Radar (Max. $1,000 each)	$1,000.00	$0.00	$0.00	$0.00	$1,000.00	$0.00	$0.00	$0.00	$0.00	--
Moving Radar (Max. $1,500 each)	$3,000.00	$0.00	$0.00	$0.00	$3,000.00	$0.00	$0.00	$0.00	$0.00	--
Lidar (laser radar) (Max. $3,000 each)	$3,000.00	$0.00	$0.00	$0.00	$3,000.00	$0.00	$0.00	$0.00	$0.00	--
In-car Video Camera (Max. $4,500 each)	$4,500.00	$4,500.00	$0.00	$4,500.00	$0.00	$0.00	$0.00	$0.00	$0.00	.00%
PBT (Max. $450 each)	$900.00	$385.00	$0.00	$385.00	$515.00	$0.00	$0.00	$0.00	$0.00	.00%
Total:	**$69,100.00**	**$6,616.37**	**$0.00**	**$6,616.37**	**$62,483.63**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**.00%**

Last Edited By: GTSB Tester2, 09/24/2020

- You will not be able to submit your claim until there is a check mark in the Complete? column for each of the listed components (see below).

- Once you click submit, all sections of your claim will be locked and you will not be able to make any changes to them.

- If you need to make a change in a particular section prior to clicking submit, simply click on the blue words of the component in which you need to edit. That section will then appear, reference section instructions above for how to add, save and mark as complete.

- Click **Submit** when you are ready to lock and submit your reimbursement claim.

IowaGrants.gov

Menu | Help | Log Out — Back | Print | Add | Delete | Edit | Save

Grant Tracking

Claim: 374603 - 001 — Grant Components

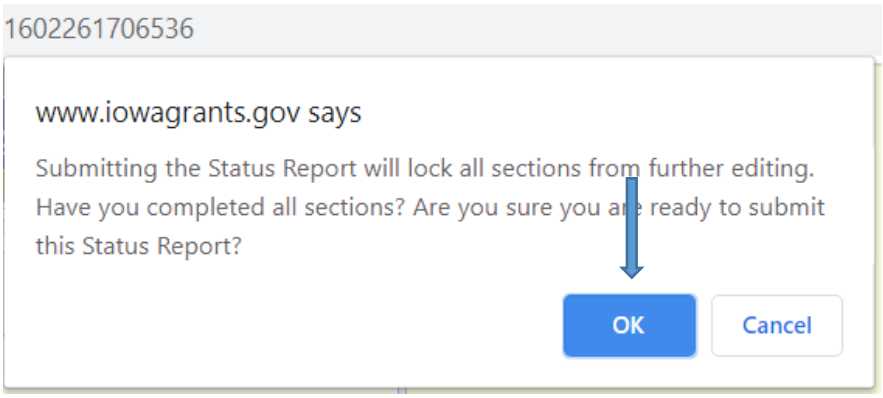
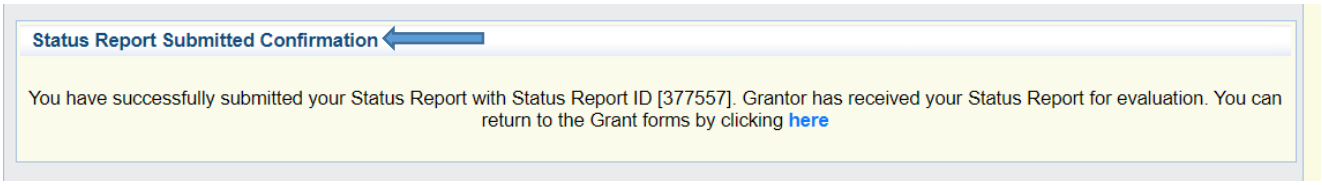
Grant: 374603-Mayberry Police Department
Status: Editing
Program Area: GTSB Test Program
Grantee Organization: Grant Testing, Department of
Program Manager: Regina Sterbenz

Components — Preview | Submit

Complete each component of the Claim and mark it as complete. Click Submit when you are done.

Name	Complete?	Last Edited
General Information	✓	09/22/2020
Contract Information	✓	09/22/2020
Overtime Spreadsheet	✓	09/23/2020
Equipment Accountability Report	✓	09/23/2020
Travel Reimbursement	✓	09/23/2020
Claim Supporting Documents	✓	09/24/2020
Total Reimbursement	✓	09/24/2020

- If there are no further edits to this form, click **OK**



Once you see the screen below, you will know that your submission was successful and your Program Administrator has been notified of your submission.